

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

08/974,86

FILING DATE

11/19/97

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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46						
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48						
49	1		1		1	
50						
TOTAL IND.	1		1			
TOTAL DEP.	4		4			
TOTAL CLAIMS	5		5			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		2		
53		1		2		
54		1		2		
55				2		
56				2		
57				①		
58				①		
59				①		
60			1	1		
61				2		
62				2		
63				2		
64				2		
65				2		
66				①		
67				2		
68				2		
69				2		
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100						
TOTAL IND.				2		
TOTAL DEP.				30		
TOTAL CLAIMS				32		